

Owyhee Plaza  
1109 Main St., Suite 220  
Boise Idaho 83702-5642

STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES

(208) 334-3233  
[ibol@ibol.state.id.us](mailto:ibol@ibol.state.id.us)  
[www2.state.id.us/ibol](http://www2.state.id.us/ibol)

**LICENSE RENEWAL APPLICATION**

License #: \_\_\_\_\_

Expiration Date: **03/01/2004**

Renewal Fee: **\$60.00**

The fee noted will be applied to renew your license for the next license period. This completed application must be received by the Bureau &/or postmarked **before** the expiration date noted above. **As required by law, all license renewal applications received after the expiration date will be assessed a reinstatement fee of \$25.00 in addition to the renewal fee.**

**ALL RETURNED CHECKS ARE SUBJECT TO A \$20 COLLECTION FEE.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND SUBMITTED IN IT'S ENTIRETY**

- 1. CHECK THE APPROPRIATE RESPONSE TO THE QUESTIONS BELOW;**
- 2. READ & SIGN THE AFFIDAVIT;**
- 3. ENTER YOUR SOCIAL SECURITY NUMBER;**
- 4. ENCLOSE PAYMENT & WRITE YOUR LICENSE NUMBER ON YOUR CHECK.**

**\*\*\*PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATION CARD\*\*\***

**You may submit your renewal online by using the ONLINE RENEWAL link at: [www2.state.id.us/ibol/](http://www2.state.id.us/ibol/)**  
**List the name and address of the facility at which you practice:**

Facility name \_\_\_\_\_

Address: \_\_\_\_\_

Are you: ☐ **a responsible charge operator** or ☐ **other operating personnel**

**QUESTIONS**

Since the date of your last application for renewal of your license have you:

- Received a conviction, finding of guilt, withheld judgment, or suspended sentence for any felony in this or any other jurisdiction? ☐ **YES** ☐ **NO**
- Received any type of disciplinary sanction, restriction, or limitation from any regulatory licensing agency or organization in this or any other jurisdiction? ☐ **YES** ☐ **NO**

(if YES to either above, a copy of the final order of conviction/discipline must be attached)

**AFFIDAVIT**

I hereby certify under penalty of perjury that my responses to the above are true and correct, and that I have met the continuing education requirement as prescribed by the laws & rules applicable to the license for which I am applying to renew, and that documented proof of my attendance is in my possession and will be provided upon request.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Birth date**

Applications for renewal that are not completed in their entirety will be returned and the license renewal will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.

**DO NOT SEND ORIGINALS OR COPIES OF CONTINUING EDUCATION  
CERTIFICATES TO THE BUREAU UNLESS YOU ARE BEING AUDITED.**